APR 21 2014

Amendment	
☐ Yes	No

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information			
a. Full Name			c. ID Number
Dan Good for Sh	eriff		2568W8
b. Mailing Address (include City, State and Z	Zip Code)		d. Date Filed
142 Fox Meadow J	Dr.		02-21-2014
Rutherfordton, NC	28139		e. Phone Number
7			
2. Report Year 3. Period Start Date	(mm/dd/yy) 4. Period		reasurer Full Name
2014 02/19/14	04/	19/14 J	anici Jarrell Cooke
6. Type of Committee (Check One)		port (check only one type	e of report from one category)
☐ Candidate Campaign ☐ Party	Municipal	State/County	Referendum
☐ PAC ☐ Referendur ☐ Independent Expenditure ☐ Joint Funda		the state of the s	Organizational
☐ Independent Expenditure ☐ Joint Funds ☐ Legal Expense Fund	raiser	·	Pre-referendum Final
Legar Expense Fund	Pre-election	First Second	Supplemental Final
7. Type of Fund (if applicable, check of		Third	Annual
Booster Fund	Semi-annual	Fourth	Special
☐ Building Fund	☐ Mid Yea	ar Semi-annual	
	Year En	d Mid Year	10. Special Report Name
Other:	Final	Year End	
8. Number of Fundraisers this Repo	rt Special	Final	
		☐ Special	
11. Account Information	ora int	11. Account Information	on a second seco
a. Financial Institution Full Name		a. Financial Institution Full	Name
1D Bank			
b. Purpose c. Acc	ount Code	b. Purpose	c. Account Code
	i		
Chection	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4	1 2 1 2 2 2 2
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	riod Begin Balance	-	d. Period Begin Balance
the second control of	500.00		\$
CERTIFICATION			
I certify that the Committee or Fund is in	2015년 전 : 1. Test (1) 000 0 12 12 12 12 12 12 12 12 12 12 12 12 12	그림으로 하다 아니는 맛있는 맛있는 데 이렇게 걸어가 되는 가게 있었다. 나이 나라 아니라 아니라 아니었다.	가 있다면 하는 마이트 하다 있는 사람이 있는 가입니다. 그리고 있는 것이 없는 사람이 없는 그 그리고 있다면 하는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없
of the NC General Statutes and that no fu			
report is complete, true and correct and t	nat I have been trained by	the NC State Board of Elec	
Janice J. Cook	e \ \1.	auci Ox Cook	le UZ-21-2014
Printed Name of Signer		gnature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	. 0		
Date Received: 4/21	114	D	Delivery Method
Date Received:	Emplo	yee:	■ Normal Mail
Date Postmarked:	Emplo	vee:	Registered Mail
	Zimpio	, cc.	Hand Delivered
Date Scanned:	Emplo	yee:	☐ Electronically Filed
Date Data Entered:	Emplo	yee:	☐ Signer has not received mandatory training
Please Note: This form cannot b	e used to amend comn	nittee information such as	the committee address, treasurer,
		s information, or account in (CRO-2100A-F) to mak	

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms and			** Annual Control of the Control of
	2. Type of		ID Number
Dan Good for Sheriff	tirst (2568W8
Start of Election Cycle: January 1, 2014	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 500.00	\$.
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1449,28	\$ 1449.28
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 6199.16	\$ 7504.46
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		* = 15 in 15 feet	可能是不明白。 20 06
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 7648,44	\$ '8953,74
EXPENDITURES		and the street of the	A Korania
13) Disbursements			Maria Malaka
13a) Operating Expenditures	(CRO-1310)	\$ 5311.76	\$ 6117.06
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1399.28	\$ 1399.28
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 6711.04	\$ 7516.34
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 1437,40	\$ 1437.40
ADDITIONAL INFORMATION	200		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	1000年 · 1000年
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1305.30	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	Control of the Control of the
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	The state of the s
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number 2. ID Number 2. ID Number 2. ID Number 3. Contributor Information 3. Contributor Information 4. Comments 4. Comments 5. Job Title/Profession 5. Lankford 6. Employer's Name/Specific Field 223 Log Cabin Lane 4. Counting 6. Election Sum to Date 5. Do. OO 6. Prior g. Account Code h. Form of Payment Check 6. End (mindd/yyyy) 7. Prior g. Account Code h. Form of Payment Check 7. Do. OO 8. Contributor Information 8. Job Title/Profession 9. Job Title/Profession 9. Job Title/Profession 1. Job Title/Profession 2. Employer's Name/Specific Field 3. Contributor Information 3. Contributor Information 4. Comments 5. O. OO 6. Employer's Name/Specific Field Church 6. Election Sum to Date 6. Election Sum to Date 7. J. K. 22 6. Election Sum to Date 8. Durch 8. Church 8. Church 9. Church 1. Election Sum to Date 1. Date Comments 2. Date Comments 2. Date Comments 2. Date Comments 3. Contributor Informati
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Cina B. Lankford 223 Log Cabin Lane Union Mills, NC 26667 f. Prior g. Account Code h. Form of Payment Check Check 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove \$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove b. Job Title/Profession \$ 3. Comments
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Gina B. Lankford 223 Log Cabin Lane Union Hills, NC 28667 f. Prior g. Account Code h. Form of Payment Check Check 3. Contributor Information 3. Contributor Information 4. Comments Check C. Employer's Name/Specific Field C. Emp
a. Full Name, Mailing Address & Phone (include city, state, & zip) Self employeed
Self employeed C. Employer's Name/Specific Field 223 Log Cabin Lane Union Kills, NC 28667 f. Prior g. Account Code h. Form of Payment Check Check 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Self employeed c. Employer's Name/Specific Field accounting j. Date (mm/dd/yyyy) k. Amount 02/25/14 \$ 50.00 \$ 4. Comments
C. Employer's Name/Specific Field 223 Log Cabin Lane Union Mills, NC 28667 f. Prior g. Account Code h. Form of Payment check Check 3. Contributor Information 3. Contributor Information 4. Comments C. Employer's Name/Specific Field Accounting c. Employer's Name/Specific Field C. Employer's Name/Specific Fie
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 50.00 S Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Add Remove b. Job Title/Profession d. Comments Administrative Assistant
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 50.00 S Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Add Remove b. Job Title/Profession d. Comments Administrative Assistant
Check Check Check Check Check S Add Remove Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove b. Job Title/Profession Administrative Assistant
\$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) \$ 5 4 4 4 5 5 6 6 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove b. Job Title/Profession Administrative Plassistant
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove b. Job Title/Profession d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comments Administrative Fissistant
(include city, state, & zip) Administrative Fissistant
Manifold History
May Moore 391 Old Balloark Rd.
391 Old Balloark Kd.
(A)
Spindale, NC 28160 Church e. Election Sum to Date
s 248.73
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount
Dosters & signs 04/15/2014 \$ 248.73
3. Contributor Information Add Remove
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments
(include city, state, & zip) teacher
Elizabeth MacDonald c. Employer's Name/Specific Field
287 Honeysuckle Dr. State of NC e. Election Sum to Date
Rutherfordton, NC 28139 State of NC 8 299.97
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount
□ Signs 4/15/2014 \$ 299.97
4. Total only this Page \$ 598.70
5. Total of ALL CRO-1210 Pages \$ 50.00 449.
(This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210 NC State Board of Elections April 200

Cont	ributions fr	om Individual	ls	Pg	$\frac{2}{2}$ of $\frac{2}{6}$	2	Amendment Yes No
Use this	s form to report in	ndividual contribution	ns over \$50 or co	ontributions unde	er \$50 if form CF	RO 1	205 is not used
1. Com		e (and Fund if appli				2. I	D Number
	Dan G	ood for Sl	heriff			Ó	2J68N8
3. Cont	ributor Informa	ition	1306	Add Ren	nove	V.	SAS DESCRIPTION
a. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)			retire	1		
	ack MaeD			c. Employer's Nan			
2	87 Honey	suckle Dr.			1.	FIL	
7	II Pall	30(0.000		minis	Try		ection Sum to Date
Kı	uthertorat	on, NC 28139			1	\$	349.82
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount
			signs+7	posters	04/15/201	4	\$ 349.82
							\$
							\$
3. Cont	tributor Informa	ation		Add Rer	nove		
a. Full N	ame, Mailing Addre	ess & Phone	en Vely	b. Job Title/Profes	ssion	d. C	omments
(includ	le city, state, & zip)			Secre	tana		
i	Jan Day						
L	-Aun Dan	is Fore st Lane		c. Employer's Nan	ne/Specific Field		
o	221 South	torest Lane			1	e. El	lection Sum to Date
5	Soundale	NC 28160		Chur	ch		
	- 1	, 00100				3	249.90
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
			Signs	*posters			\$ 249.90
				858			\$
							\$
3. Con	tributor Informa	ation		Add 🔲 Rer	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	de city, state, & zip)			teac	ho -		
-	June Mit	hall		c. Employer's Nar		+	
	222 Hunt	ing Ui.		private	School	e. E	lection Sum to Date
	Kutherton	rdton, NC 281	39	٢		\$	250.86
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
			signed	rosters	04/15/201	4	\$ 250.86
							\$
							\$
4. Tot	tal only this P	age				\$	850.58

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Loan Proc				Pg _	l of	(Amendment Yes	□ No
	report proceeds from a loan and loa							
	s statement must accompany each lo Full Name (and Fund if applicable		rom an ind	ividual		2	ID Number	
	300d For Sheriff		reaculte bulker to				2J68 N	10
3. Lender Infor		orani kapa	A 1.1	1 n	South a set	0	X 7 60 W	1 D
	ling Address & Phone	E TENERO	Add b. Job Title	Profession		la.	Comments	
(include city, sta							Comments	
7.0	. 1		re	tired		L		
Dan G	7009		c. Employer	's Name/Si	necific Fiel		Start Date (mm/)
453 C	hisholmTrail		c. z.mp.oye.				Q2/2S	
Kuthe	rfordton, NC 78139					f. F	End Date (mm/d	ld/yyyy)
	. 0010							
g. Rate h. Se	ecurity Pledged	i. Accou	nt Code	j. Form o	of Payment		k. Amount	
%				C	heck		\$ 6199	.16
I. Full Name of Ler	nding Institution					m.	Loan Number	*
4. Endorsers/M	Takers (The people who guarantee the l	loan)						
	ling Address & Phone	oun.,	b. Job Title	Profession		c. Empl	oyer's Name/Sp	pecific Field
(include city, sta	te, & zip)							
			d. Percenta	ge		e. Amou	ınt	
					%	\$		
a. Full Name. Mail	ling Address & Phone		b. Job Title	Profession		c. Empl	oyer's Name/Sp	ecific Field
(include city, sta					X		•	
			d. Percenta	ge		e. Amot	ınt	
					%	\$		
a. Full Name, Mail	ling Address & Phone		b. Job Title	Profession	1	c. Empl	oyer's Name/S _I	pecific Field
(include city, sta								
			d. Percenta	ge		e. Amou	ant	
					%	\$		
a. Full Name, Mail	ling Address & Phone		b. Job Title	/Profession	i	c. Empl	oyer's Name/S _l	pecific Field
(include city, sta	ite, & zip)							
								15
			d. Percenta	ge		e. Amou	unt	
			1		%	\$		
5. Total of A	ALL CRO-1410 Pages			4	0.0040	¢	1100	17
	be on line 9 of Detailed Summary Page CR	0-1100)				Þ	6199.	16



Kim Westbrook Strach Executive Director

CRO-6100

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

May 2013

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

•	Name of committee to receive loan: Dan Good for Sheriff
•	Person or committee to make loan: Dan Good
•	Date of loan to committee: 02/25/14
	Name of lending institution and account number (source):
•	Amount of loan: 86199.16
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
	Dan Good
•	Period of loan:
•	Rate of interest of loan:
•	Security pledged for loan:
Ι, .	Daniel J. Go od, acknowledge that all of the information
	(Person lending money to committee)
pr	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan
pr	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
pr	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
pr th	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source. 2-25-2014 gnature of Lender Date Signed
pr th	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source. 2-25-2014 gnature of Lender Date Signed
pr tha	(Person lending money to committee) rovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source. 2-25-2014 gnature of Lender Date Signed

Loan Proceeds Statement

Dichuncon	nomta				i	Ĺ	Amendment
Disbursen			1720	- 23	Pg of		
committees and	o report expenditures coordinated party ex	from the commit	ttee for o	perating ex	penses, contribut	ions 1	to candidate/political
	Full Name (and Fun			STAR MARK			12 TD N
			20	F(2)			2. ID Number
Va	n Good for						2J68W8
3. Type of Dish					each type of Disl	burse	ment.)
Operating Exp		ntributions to Candid	ates/Polition	cal Committee		ordinat	ed Party Expenditures
4. Payee Inform		2000	300	Add _	Remove		
	Mailing Address & Ph	ione		b. Coordinat	ted Committee Nam	e	d. Comments
(include city, state	, & zip)	Was 21-					and the second s
The Do	ily Courier ak Street	828-245-	6431	c. Level Reg	istered (Specify)	-	
601 00	ak Street			Federal	County:		
	City, NC 2804			State	Municipa	ality:	e. Election Sum to Date
rorest	CITY, IVE 280-	1.7					\$ 2434.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Re	equired Remarks
	Check	l A	02/	25/2014	\$ 676.00		
P. Commission	check	A	03/1	4/2014	\$ 203.00		
4. Payee Inform			Ó	Add \square	Remove		
a. Full Name, Mail	ling Address & Phone	SHEET ST		b. Coordinat	ed Committee Name	e	d. Comments
(include city, sta	ite, & zip)	and the second	2.58				
Th. T	Daily Course	6					
11100	Daily Courier	MCC		c. Level Regi	stered (Specify)		
	ı			State	County: Municipa	lity.	e. Election Sum to Date
					mame.pa		
							\$ 2434.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Check	H	03/2	20/2014	\$ 122.00		
	check check	A	04/0	01/2014	\$ 105.00		
4. Payee Inform	nation			Add 🔲	Remove	13/16	
	ing Address & Phone			b. Coordinat	ed Committee Name	:	d. Comments
(include city, sta							
ThoT	Daily Courie	C		c I aval Dagi	stered (Specify)		
1.00	ruerry Corerre	•		Federal	County:		
	7			State	Municipa	lity:	e. Election Sum to Date
			:				\$ 2434.00
f. Account Code	a Form of D	h. Purpose Code	l: p : :	(1.1/		1. 7	
i. Account Code	g. Form of Payment	n. r urpose Code	,		j. Amount	K. Ke	quired Remarks
	check	Ω	04/0	18/2014	\$ 352.00		

	check	A	04/15/2014 \$	976.00		
5. Total	only this Page				\$ 2434.00	
6. Total	of ALL CRO-1310 Pages					
(This lin	ne goes in line 13a of Detailed Su	mmary Page CRO	0-1100 if Operating Expenses)		\$ 5311.76	
(This lin	ne goes in line 13b of Detailed Su	mmary Page CRO	0-1100 if Contrib to Candidates/I	Political Comm)	4 3011.74	
(This li	ne goes in line 13c of Detailed Su	mmary Page CDC	1.1100 if Coordinated Party Evne	andituman)		

7. Purpose Codes (List detailed expenditure code in (h.) above)

7. I di pose Cou	(List detailed expelicitu	ie code iii (ii.) above)	
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require of	detailed explanation in requ	ired remarks field (k)	
CRO-1310	57	NC State Board of Elections	December 200

Dis	hi	irs	en	ien	ts
1010	v	110		1011	LO

	~		4	Amendment		
Pg	1	of	1	☐ Yes	☐ No	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

committees and coordinated party expenditures							
7	ull Name (and Fund			100000		2. ID Number	
	Good for						
3. Type of Disb	ursement (Please				each type of Dist		
Operating Expe	enses	tributions to Candida	ates/Politi			ordinated Party Expenditures	
4. Payee Inform			Ш	Add 🔲	Remove		
a. Full Name, M (include city, state,	ailing Address & Ph & zip)	one		b. Coordinat	ed Committee Name	e d. Comments	
WCAP)	828-287-3	335%	T 10	stered (Specify)		
	hitesides Rd	00 00 00	004	c. Level Regi	County:		
DI	nitesides No			State	Municipa	ality: e. Election Sum to Date	
Kuther	ford ton, NC 2	28139				\$ 990.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks	
	Check	F)	02/2	5/2014	\$ 990,00		
				-/	\$		
4. Payee Inform	nation	為位置於	П	Add \square	Remove		
	ng Address & Phone				ed Committee Name	d. Comments	
(include city, stat	e, & zip)		33.00				
707	Ra. 1 82	8-288-69	77				
c. Level Registered (Specify)							
340 C	harlotte Road			State	Municipa	ality: e. Election Sum to Date	
Ruthe	rfordton, Mc	28139		_	<u> </u>		
	g. Form of Payment	h. Purpose Code	li Dota /	mm/dd/yyyy)	j. Amount	\$ 12.95 k. Required Remarks	
i. Account Code		()	1	18 /2014			
	draft	U	Weja	1, 1	\$ 11.95	Checks	
	draft	٥	04/	11/2014	\$ 1.00	paper statement fee	
4. Payee Inform				Add 🔲	Remove		
a. Full Name, Maili (include city, stat	ng Address & Phone			b. Coordinat	ed Committee Name	d. Comments	
IN THE SECRET CONTRACTOR OF THE SECRET							
North	land Cable	828-748-3	555	c. Level Regi	stered (Specify)		
1108 M	1. Main St.			Federal Federal	County:		
		2012		State	Municipa Municipa	lity: e. Election Sum to Date	
	City, NC ZE					\$ 180.00	
f. Account Code	g. Form of Payment				j. Amount	k. Required Remarks	
	Check	A	04/	02/2014	\$ 180.00		
					\$		
5. Total only thi	is Page			-		\$ 1182.95	
6. Total of ALL	CRO-1310 Pages						
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13h of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 5311.76						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printir			undraising	D - To 2	Another Candidate	
E - Salaries	F* - Equip	nent	G - Pol	itical Party	Н* - Но	olding Public Office Expenses	
I - Postage	J - Penaltie	es	K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund	
O* Other	a datailed avel		ama. 1.	fald (1-)			
* Codes require detailed explanation in required remarks field (k)							

Disbursements	
---------------	--

Pg 3 of 4 Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fund		150			2. ID Number
Dan	- 0	Sheriff				
3. Type of Disb		use separate CK	RO-1310) forms for e	each type of Disb	oursement.)
Operating Expe	oenses	ntributions to Candida				ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	Iailing Address & Pho	one		b. Coordinat	ed Committee Name	e d. Comments
(include city, state,	, & zip)					
731 Sou	ons R Us ith Broadway	,	22	c. Level Regi Federal State	istered (Specify) County: Municipa	ality: e. Election Sum to Date
Forest (2ity, NC 2804	13			-	\$ 1044.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	А	1	27/2014	\$ 76.86	
	check	A	03/0	4/2014	200 AN 1000	
4. Payee Inform		11	107	Add \square	\$ 130.50	
	nation ling Address & Phone	(0)E6	L		Remove ed Committee Name	In Comments
(include city, stat	te, & zip)			D. Coorumas	ed Committee Name	e d. Comments
Promoti	ions RUs			☐ Federal	stered (Specify) County:	
				☐ State	☐ Municipa	e. Election Sum to Date
		·				\$ 1044.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	03/0	06/2014	\$ 837.45	
			'		\$	
4. Payee Inform	nation			Add	Remove	
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
PivRa	ock Production	5,4C 310-6	129 - 0358	Federal	stered (Specify) County:	
	Monica, CA 9	201.9		☐ State	Municipa	ality: e. Election Sum to Date
						\$ 550,00
f. Account Code		h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	04/0	14/2014	\$ 550.00	
					\$	
5. Total only thi	is Page					\$ 1594.81
	CRO-1310 Pages			254	100	10/7/01
(This line goes in (This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	nmary Page CRO-11 nmary Page CRO-11	100 if Con 100 if Coor	trib to Candide rdinated Party	ates/Political Comm	, \$ 5311.76
7. Purpose Co	odes (List detailed					
A* - Media	B* - Printin			undraising		Another Candidate
E - Salaries	F* - Equipm			litical Party		olding Public Office Expenses
I - Postage O* Other	J - Penaltie	żS.	K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund
	e detailed explanation	on in required (romarks	field (k)		
Couco require	с истанси слугании	JII III I CQUII CG I	Ciliaino	Helu (h)	200	

Dic	bursements	
2010	DULGULLO	

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number
\mathcal{D}_{0}		~ Sherif	F			
3. Type of Dish				forms for i	each type of Disb	pursement)
Operating Exp		ntributions to Candid			,,,,,	ordinated Party Expenditures
4. Payee Inform		A CONTRACTOR		Add	Remove	
	Iailing Address & Ph	ione		b. Coordinat	ed Committee Name	e d. Comments
(include city, state						
WAG	280 City, NC 280	28-245-98	87	c. Level Regi	stered (Specify)	
P.O. BO	x 280			Federal	County:	
Forost	City NG 200	10		State	Municipa Municipa	ality: e. Election Sum to Date
	11,411,00	49				\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	I A	04/0	4/2014	\$ 100.00	
		, ,		1	\$	
4. Payce Inform	nation	386	П	Add \square	Remove	77 1 A 1862 A CANDO
	ling Address & Phone	esta restata			ed Committee Name	d. Comments
(include city, sta	te, & zip)					
				-	stered (Specify)	
				Federal State	County:	ality: e. Election Sum to Date
				L. State	Withhelpa	•
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
4. Payee Inform	nation			Add	Remove	and the second second
a. Full Name, Mail	ing Address & Phone	\$10.50		b. Coordinat	ed Committee Name	d. Comments
(include city, sta	te, & zip)					
					E	
				c. Level Regi	stered (Specify)	
				State	County:	dity: e. Election Sum to Date
					manerpa	
25						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					s	
5. Total only th	is Page				18 18 15 15 E	\$ 100.00
6. Total of ALI	CRO-1310 Pages					
	line 13a of Detailed Sur	nmary Page CRO-11	100 if Ope	rating Expens	es)	\$ 5311.76
552	line 13b of Detailed Sur) 3 /3/11.16
	line 13c of Detailed Sun				Expenditures)	
	odes (List detailed		e in (h.)	above)	(A)	
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage O* Other	J - Penalti	es	V ()	ffice Expen	ses Q* - Do	onation to Legal Expense Fund
	e detailed explanat	ion in required :	emarks	field (k)		
				\/		

In-Kind Contributions Use this form to report non-monetary contributions, donations, gouve CRO-1215 if In-Kind Contributions were or will be refu	Pg ods or services provide unded within 7 days.	of ed to the comm	L ittee o	Amendment Yes No or fund.
1. Committee Full Name (and Fund if applicable)			2.1	D Number
Dan Good for Sheriff			c	2J68W8
3. Contributor Information	Add Remo	ve		
a. Full Name, Mailing Address & Phone	b. Type of Contribut	or	c. C	omments
(include city, state, & zip)	Individual			
May Moore 391, Old Ballpark Rd Spindale, NC 28160	Candidate Party			
391 Old Ballark Rd	PAC Referendum		4 17	Tartian Com to Date
Constala NC 781/A	Other Receipt So	uraa		lection Sum to Date
Sprinaute, INC 28140	Other Receipt 30	uice	\$	248,73
e. Description	f.	Date (mm/dd/yy	уу)	g. Fair Market Amount
posters & signs		64/15/20	Pic	\$ 248.73
1		, ,		\$

Add

☐ Remove

b. Type of Contributor

Other Receipt Source

Individual

Candidate
Party
PAC
Referendum

3. Contributor Information

(include city, state, & zip)

a. Full Name, Mailing Address & Phone

Elizabeth MacDonald 287 Honeysuckle Dr. Rutherfordton, NC 28139 \$

c. Comments

d. Election Sum to Date

\$ 299.97

CRO-1510 NC State	e Board of Elections			December 2007
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-110			\$	1399.28
4. Total only this Page			\$	698,52
				\$
, ,				\$
signs & posters		04/15/20	14	s 349.82
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Jack MacDonald 287 Honeysuckle Dr. Rutherfordton, NC 28139	Referendum Other Receipt		\$	349.82
Jack MacDonald	Candidate Party PAC			
(include city, state, & zip)	Individual	Jutor		omments
3. Contributor Information a. Full Name, Mailing Address & Phone	b. Type of Contril	nove	la C	omments
				\$
				\$
Signs	Magazina and Market	04/15/20		\$ 299.97
e. Description		f. Date (mm/dd/yy	vv)	g. Fair Market Amount

In-Kind Contributions

	2		1	Amendment	
Pg	~	of	2	☐ Yes	□ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number			
Dan Good for Sheriff			25	68W8
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comment	S
(include city, state, & zip)	Individual Candidate			
Lynn Davis	Party			
an Cont Front lane	PAC			
LLI JOURN / 17851 LOUNC	Referendum		d. Election S	Sum to Date
Lynn Davis 221 South Forest Lane Spindale, NC 28160	Other Receipt	Source	\$ 24	9.90
e. Description		f. Date (mm/dd/yyy	y) g. Fair	Market Amount
signs uposters		04/15/201	t \$ 3	249.90
, V	AND		\$	
			\$	
3. Contributor Information		nove	V marine	
a. Full Name, Mailing Address & Phone	b. Type of Contril Individual	outor	c. Comment	S
(include city, state, & zip)	Candidate			
June Mitchell	Party			
222 Hunting Dr.	☐ PAC			
222 Hunting Dr. Rutherfordton, NC 28139	Referendum	S	d. Election S	
Ruthertoration, NC 28139	Other Receipt	Source	\$ 25	0.86
e. Description		f. Date (mm/dd/yyy		Market Amount
Signs & posters		04/15/201	4 \$ 2	250.86
, ,		, ,	\$	
			\$	
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comment	S
(include city, state, & zip)	Candidate			
	Party			
	☐ PAC			
	Referendum Other Receipt	Course	d. Election S	Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair	Market Amount
			\$	
			\$	
			\$	
4. Total only this Page			\$ 50	0.74
5. Total of ALL CRO-1510 Pages		SAPERA DE LA COMPANIONE D	\$ 139	0.76 9.28
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Ψ 1)/	1.00

Outstandin	g Loans
Outstallall	L Louis

	72		0.00			
	- 1		1	Amendment		
Pg	- 1	of	- 1	☐ Yes	☐ No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Dan Good for Sheriff		2 J68W8
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	retired	
Dan Good	remed	e. Start Date (mm/dd/yyyy)
453 Chisholm Trail	c. Employer's Name/Specific Field	02/14/2014
Rutherfordton, NC 28139	law enforcement	f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$ 1305.30	\$ 1305.30
k. Full Name of Lending Institution		I. Loan Number
3. Lender Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
		a suc (marada),,,,,
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
3. Lender Information	Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution	l. Loan Number	
4. Total only this Page		\$ 1305.30
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 1305.30